



HMIS Paper Discharge Form

RESIDENT NAME _____ GENDER _____ BIRTH DATE ____/____/____

ADMISSION ____/____/____ ADDRESS _____

* <u>DISCHARGE DATE</u>	____/____/____
DISCHARGED TO:	

* <u>REASON FOR DISCHARGE</u>		
<input type="radio"/> Left for a housing opportunity before completing program	<input type="radio"/> Reached maximum time allowed in project	<input type="radio"/> Death
<input type="radio"/> Completed program	<input type="radio"/> Needs could not be met by project	<input type="radio"/> Other
<input type="radio"/> Non-payment of rent/occupancy charge	<input type="radio"/> Disagreement with rules/persons	<input type="radio"/> Unknown / Disappeared
<input type="radio"/> Non-compliance with project		
<input type="radio"/> Criminal activity/destruction of property/violence		

* <u>MONTHLY INCOME SOURCES (ENTER MONTHLY INCOME IN EACH APPLICABLE BOX.)</u>							
Amount		Amount		Amount		Amount	
Earned Income	\$ _____	Unemployment Benefits	\$ _____	SSI	\$ _____	SSDI	\$ _____
Veteran's Disability Payment	\$ _____	Private Disability Insurance	\$ _____	Worker's Compensation	\$ _____	TANF	\$ _____
General Public Assistance	\$ _____	Retirement Income from SSA	\$ _____	Veteran's Pension	\$ _____	Pension from a former job	\$ _____
Child Support	\$ _____	Alimony or Other Spousal Support	\$ _____	Other	\$ _____	None	\$ _____

* <u>NON-CASH BENEFITS</u>	
<input type="checkbox"/> Food Stamps or money for food on a benefits card	<input type="checkbox"/> MEDICAID health insurance program
<input type="checkbox"/> MEDICARE health Insurance program	<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, infants and Children (WIC)	<input type="checkbox"/> Veteran's Administration (VA) Medical Services)
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> Other TANF-funded services	<input type="checkbox"/> Section 8, public housing, or other rental assistance
<input type="checkbox"/> Other Source	<input type="checkbox"/> None

* <u>NEW RESIDENCE SETTING</u>	
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Staying or living in a friend's room, apartment, or house
<input type="radio"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Foster care home or foster care group home
<input type="radio"/> Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)	<input type="radio"/> Staying or living in a family member's room, apartment, or house
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Place not meant for habitation (e.g. vehicle, abandoned building, bus/train station or anywhere outside)
<input type="radio"/> Hospital (non-psychiatric)	<input type="radio"/> Other
<input type="radio"/> Jail, prison, or juvenile detention facility	<input type="radio"/> Don't Know
<input type="radio"/> Room, apartment, or house that you rent	<input type="radio"/> Refused
<input type="radio"/> Apartment or house that you own	

* <u>DESTINATION TENURE</u>	* <u>DESTINATION SUBSIDY TYPE</u>	<u>NEW RESIDENCE COUNTY</u>	<u>OUTCOME CATEGORY</u>
<input type="radio"/> Permanent	<input type="radio"/> None	<input type="radio"/> Indiana County	<input type="radio"/> Graduation
<input type="radio"/> Transitional	<input type="radio"/> Public Housing	<input type="radio"/> Outside Indiana	<input type="radio"/> Service Refusal / Drop Out
<input type="radio"/> Don't Know	<input type="radio"/> Section 8	<input type="radio"/> Unknown	<input type="radio"/> Transfer to Similar Program
<input type="radio"/> Refused	<input type="radio"/> S + C	Indiana County Specified: _____	<input type="radio"/> Medical Complications / Deceased
	<input type="radio"/> HOME Program		<input type="radio"/> Suicide
			<input type="radio"/> Other Neutral
			<input type="radio"/> Other Negative
			<input type="radio"/> Incarceration
			<input type="radio"/> Long-Term Psych Hospitalization

DISCHARGED TO
OPTIONAL CASE NOTES ON SEPARATE SHEET(S)

Anonymous Summary, Disposition Statement, Service Course, Discharge Summary, Alerts and Current Diagnoses

*Required Field: Agencies may add more fields, but may not subtract fields.

☐ =Select Only One; ☐ =Select All that Apply